

Department For Behavioral Health, Developmental and Intellectual Disabilities
Administration and Financial Management
Rate Notice

Facility: Outwood

Fiscal Year 2019

Nursing Cost

| | | | |
|----|--|----|--------------|
| 1. | Total Allowed Nursing Cost | \$ | 5,925,888.00 |
| 2. | Trending Factor | | 1.0280000 |
| 3. | Trended Nursing Cost | \$ | 6,091,812.86 |
| 4. | Indexing Factor | | 1.0280000 |
| 5. | Indexed Nursing Cost | \$ | 6,262,383.62 |
| 6. | Patient Days | | 12,671 |
| 7. | Nursing Services Per Diem Payment Rate | \$ | 494.23 |

All Other Cost

| | | | |
|-----|---|----|--------------|
| 1. | Other Care Related Costs | \$ | 930,665.00 |
| 2. | Other Operating Costs | \$ | 3,722,097.00 |
| 3. | Indirect Ancillary Costs | \$ | 449,465.00 |
| 4. | Total All Other Costs (Other Than Capital) - calculated | \$ | 5,102,227.00 |
| 5. | Trending Factor | | 1.0280000 |
| 6. | All Other Costs Trended - calculated | \$ | 5,245,089.36 |
| 7. | Indexing Factor | | 1.0280000 |
| 8. | All Other Costs Indexed | \$ | 5,391,951.86 |
| 9. | Capital Costs | \$ | 747,292.00 |
| 10. | Total All Other Costs (Trended and Indexed) | \$ | 6,139,243.86 |
| 11. | Patient Days | | 12,671 |
| 12. | All Other Cost Per Diem | \$ | 484.51 |

Payment Rate Computation

| | | | |
|------------|--|----|--------|
| 1. | Nursing Services Per Diem Payment Rate | \$ | 494.23 |
| 2. | All Other Cost Per Diem Rate | \$ | 484.51 |
| TOTAL RATE | | \$ | 978.74 |